



City of Clayton  
10 North Bemiston Avenue  
Clayton, Missouri 63105  
(314) 290-8452 FAX: (314) 863-0296

**APPLICATION FOR  
TRANSFER OF/AMENDMENT TO  
CONDITIONAL USE PERMIT (CUP)  
(ADMINISTRATIVE REVIEW)**

*(please type or print)*

- **ALL APPLICABLE SECTIONS OF APPLICATION MUST BE COMPLETE.**
  - **\$135.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION**
- 

Location (Address) of Project: \_\_\_\_\_

Full Name of Restaurant (if applicable): \_\_\_\_\_

**PART A: PARTIES OF INTEREST**

**The full legal name to which the CUP will be issued to (partnership, incorporation, etc.) is required**

Name of Applicant: \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_

*Interest in Property:* \_\_\_\_\_

Name of Business Owner(s) - if different from above: \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_

**PART B: SITE DESCRIPTION**

Current Use of Site: \_\_\_\_\_

Proposed Use of Site: \_\_\_\_\_

Is the space being remodeled? \_\_\_\_\_ Yes/No. If so, describe changes in detail \_\_\_\_\_

**PART C: AMENDMENT TO EXISTING CONDITIONAL USE PERMIT**

Please indicate the category of amendment being requested:

\_\_\_\_\_ Hours of operation

\_\_\_\_\_ Days of operation

\_\_\_\_\_ Trade name (ownership and nature of business remains unchanged)

\_\_\_\_\_ Change in indoor/outdoor seating capacity

\_\_\_\_\_ Other - Explain:

Updated July, 2021

Please describe the proposed amendment in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe why the proposed amendment is being sought: \_\_\_\_\_

\_\_\_\_\_

**PART D: TRANSFER OF AN EXISTING CONDITIONAL USE PERMIT**

The full legal name of the individual or entity to which the existing conditional use permit is currently issued:

\_\_\_\_\_

The full legal name of the individual or entity to which the conditional use permit is to be transferred:

\_\_\_\_\_

Fully executed lease must accompany request for transfer

Total number of off-street parking spaces: \_\_\_\_\_

Total number of off-street parking spaces as required by existing Conditional Use Permit: \_\_\_\_\_

\_\_\_\_\_

If off-street parking is required per current zoning regulations, please provide proof of off-street parking spaces must be submitted with this application

Please describe any changes to the operation (i.e. square footage, type and/or intensity of use, changes in either indoor or outdoor seating capacity/location, etc.):

\_\_\_\_\_

\_\_\_\_\_

Please describe any changes to the exterior of the building (i.e. new awnings, signage, façade renovation, etc.):

\_\_\_\_\_

\_\_\_\_\_

Is outdoor seating/dining being requested? \_\_\_\_\_

*Architectural Review may be required for any exterior renovation, awning or signage. If any of these items are part of the project, please contact the Planning Department at 290-8453.*

**PART E: ACCEPTANCE**

I indicate that, by signing this application, I have read and understand, and will comply with, all provisions contained in the existing Conditional Use Permit that are not affected by this transfer/amendment. NOTE: A revised Conditional Use Permit reflecting the transfer/amendment will be forwarded. This Conditional Use Permit must be signed by the "permittee" and returned to the City Clerk within thirty (30) days. If permit is not returned, said Conditional Use Permit becomes null and void.

**PART F: SIGNATURES**

*Signature of Applicant (Required):* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Relation to the Business Owner:* \_\_\_\_\_

*Signature of Property Owner (Required):* \_\_\_\_\_ *Date:* \_\_\_\_\_

**FOR CITY USE**

The following action has been taken regarding the request for transfer/amendment for

\_\_\_\_\_  
Business Name & Business Address

*Approved Administratively:*

\_\_\_\_\_  
Susan M. Istenes, Director of Planning and Development Services

\_\_\_\_\_  
Date

*Referred to the Board of Aldermen for their approval:*

\_\_\_\_\_  
Susan M. Istenes, Director of Planning and Development Services

\_\_\_\_\_  
Date

*New Conditional Use Permit Required:*

\_\_\_\_\_  
Susan M. Istenes, Director of Planning and Development Services

\_\_\_\_\_  
Date